



Central Virginia VA Health Care System, Richmond, Virginia

REHABILITATION PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM

Welcome! Thank you for considering the Central Virginia VA Health Care System for your postdoctoral training in Rehabilitation Psychology.

We anticipate offering two positions for the 2023-2025 training period with an application deadline December 2, 2022.

Accreditation Status

The Rehabilitation Psychology Postdoctoral Fellowship at the Central Virginia VA Health Care system is fully accredited by the Commission on Accreditation of the American Psychological Association. The next site visit was originally scheduled for 2023; due to Covid-19, APA modified this date to 2025 and extended full accreditation status. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
(202) 336-5979
<http://www.apa.org/education/grad/program-accreditation.aspx>

Central Virginia VA Medical Center

The Central Virginia Veterans Affairs Medical Center (VAMC) is a VISN-6 tertiary care referral center located in Richmond, Virginia. The medical center offers a full range of health care services including comprehensive outpatient care to complex inpatient services. The medical center has more than 400 operating beds, which includes internal medicine, surgery, neurology, physical and rehabilitation medicine, intermediate care, acute and sustaining spinal cord injury, skilled nursing home care, palliative care, and primary and secondary levels of psychology and psychiatric care programs. There are approximately 53,000 veterans enrolled at the RVAMC, including 5,600 female veterans. Nearly 50,000 veteran patients are served each year. The medical center is the host site for a Parkinson's Disease Research, Education and Clinical Center (PADRECC), Level 1 Polytrauma programming, and a Center of Excellence for Seizure Disorders.



The Psychology Section has more than 70 doctoral-level psychology staff with a wide range of specializations and theoretical orientations. In addition to traditional roles in Mental Health, staff psychologists are critical members of the Substance Abuse, PTSD, Polytrauma and TBI, Spinal Cord Injury, Geriatric/Homebased Care, Primary Care/Mental Health, and Behavioral Medicine programs.

Our training program includes predoctoral practicum students, an APA-accredited predoctoral psychology internship program, and two postdoctoral fellowship programs.

The Central Virginia VA Health Care System (VAMC) enjoys a strong and mutually beneficial affiliation with the Medical College of Virginia, Virginia Commonwealth University (MCV/VCU). Residency and fellowship programs exist in virtually every general and specialty areas of internal medicine, rehabilitation, surgery, psychiatry, psychology, and dentistry. Historically, Rehabilitation Psychology fellows are provided VCU faculty appointments because of their role in training and supervising students.

Polytrauma and Traumatic Brain Injury

The medical center acts as a tertiary care referral center for polytrauma and traumatic brain injury, and has the following programs offers the full spectrum of services available through the Polytrauma System of Care (PSC).

Polytrauma programs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). These programs provide interdisciplinary rehabilitation for individuals presenting with general rehabilitation needs, as well as those presenting with complex physical, cognitive, and mental health sequelae of severe and disabling injuries. These programs serve active duty service members and veterans referred from military treatment facilities, other Department of Veterans Affairs hospitals, and civilian hospitals.

Training Philosophy and Model

Our program is built upon a scientist-practitioner model of training. We support the view that good clinical practice is based upon the science of psychology. The science of psychology is informed by the experience of working with a variety of patients and supervisors and professionals from other disciplines. Our approach to training encourages clinical practice that is evidence-based and integrates the current state of scientific knowledge with the complexities of individual patients. In essence, we emphasize training as a process of learning techniques which prepare trainees to make a laboratory of their applied setting. While trainees may ultimately develop careers that favor one aspect of the model more than the other, our expectation is that clinicians will practice from a scientific basis with clinical sensibility. Fellows spend 25% of their time engaged in research activities and are encouraged to participate in ongoing scholarly opportunities such as journal clubs.

The American Board of Rehabilitation Psychology defines Rehabilitation Psychology as “a specialty area within professional psychology which assists the individual with an injury or illness which may be chronic, traumatic and/or congenital, including the family, in achieving optimal physical, psychological and interpersonal functioning. The focus of rehabilitation psychology is on the provision of services consistent with the level of impairment, disability and handicap relative to the personal preferences, needs and resources of the individual with a disability. The rehabilitation psychologist consistently involves interdisciplinary teamwork as a condition of practice and services within a network of biological, psychological, social, environmental and political considerations in order to achieve optimal rehabilitation goals.”

Rehabilitation psychologists treat and study psychological problems in a variety of social, cultural, and treatment settings. We see awareness of and sensitivity to cultural and diversity issues as necessary for responsible professional functioning. We incorporate diversity training and recognition of individuals’

unique cultural contexts into all aspects of our program, from supervision to didactics and journal clubs. Understanding how these factors interact to influence a patient's desired outcomes is a critical ability for rehabilitation psychologists. Thus, our training focuses on fellows learning to assist patients in defining goals and achieving optimal psychological, physical, and social functioning. Successful rehabilitation psychology fellows demonstrate the ability to integrate best-practice approaches with unique patient care needs and communicate these plans to patients and other professionals across populations, settings and problem areas.

Fellows receive specialty training with clinical populations including acquired brain injury and acute neurologic disorders, spinal cord injury, severe physical trauma, complex medical conditions, and chronic conditions common in aging populations such as dementia and Parkinson's disease.

Program Aim and Competencies

The Program Aim is to provide education and training in preparation for entering professional practice at an advanced level of competency in the specialty practice area of Rehabilitation Psychology. As a member of the Council of Rehabilitation Psychology Postdoctoral Training Programs, the fellowship adheres to the Baltimore Conference Training Guidelines and the APA's Commission on Accreditation's Level 1 and Level 3 competencies for postdoctoral training. Training is also consistent with the competencies outlined by American Board of Rehabilitation Psychology (ABRP) and fellows are encouraged to pursue Board Certification as a Rehabilitation Psychologist (ABPP) after graduation. Subsumed under this overarching goal are the following training competencies:

Level 1 – Advanced Competencies Required of All Programs at the Postdoctoral Level

I. Integration of Science and Practice: Postdoctoral Residents are expected to:

- Demonstrate the ability to critically evaluate foundational and current research that is consistent with the program's focus area(s) or representative of the program's recognized specialty practice area.
- Integrate knowledge of foundational and current research consistent with the program's focus area(s) or recognized specialty practice area in the conduct of professional roles (e.g. research, service, and other professional activities).
- Demonstrate knowledge of common research methodologies used in the study of the program's focus area(s) or recognized specialty practice area and the implications of the use of the methodologies for practice.
- Demonstrate the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works.

II. Ethical and Legal Standards: Postdoctoral residents are expected to:

- Be knowledgeable of and act in accordance with each of the following:
 - The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - Relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas as they pertain to the accredited area.
- Conduct self in an ethical manner in all professional activities.

III. Individual and Cultural Diversity: Postdoctoral residents must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. Postdoctoral residents are expected to demonstrate:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities related to the accredited area including research, training, supervision/consultation, and service;
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. •
- The ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

Rehabilitation Psychology Level 3 Competencies

I. Professional Values, Attitudes, and Behaviors: Postdoctoral residents are expected to:

- Engage in self-reflection regarding one's personal and professional functioning;
- Engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence.
- Demonstrate understanding of models of disability, including medical, moral, social, diversity/minority, and biopsychosocial models.
- Demonstrate an emerging professional identity consistent with the Rehabilitation psychology specialty.

II. Communication and Interpersonal Skills: Postdoctoral residents are expected to:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated;
- Demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

III. Assessment: Postdoctoral residents are expected to:

- Demonstrate skill in evidence-based assessments with individuals and families experiencing problems related to disability and chronic health conditions with a focus on the person-task-environment interaction.

- Select and apply assessment methods that draw from the best available empirical literature relevant to specific health, mental health, and disability populations and that reflect the science of measurement and psychometrics;
- Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of assessment in an accurate and effective manner sensitive to a range of audiences.

IV. Intervention: Postdoctoral residents are expected to:

- Demonstrate skill in tailoring and conducting evidence-based interventions for individuals and families experiencing problems related to disability and chronic health conditions that focus on the person-task-environment interaction.
- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

V. Consultation and Interprofessional Skills: Postdoctoral residents are expected to:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Conceptualize referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.
- Apply knowledge of consultation in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

VI. Advocacy: Postdoctoral residents are expected to:

- Demonstrate the ability to advocate for patients' rights, equitable treatment, and autonomy in health care, life activities, and community participation.
- Demonstrate awareness of community resources supporting the individual's safety, autonomy, and participation.
- Facilitate access to institutional and community resources that support ongoing adjustment and social participation (e.g., peer support organizations, centers for independent living, vocational rehabilitation)

Program Structure

Postdoctoral psychology fellows' time is expected to be dedicated to clinical rotations (75%) and research (25%). Fellows are expected to remain on each rotation for six months, such that each fellow will participate in four rotations during the two-year fellowship. Two of the rotations are required. The other two six-month rotations will be selected collaboratively by the fellow and fellowship Training Director. One may either be a repeat of one of the mandatory rotations (with the fellow addressing different training goals and assuming more responsibility than in the first iteration) or a new optional rotation (e.g., Health Psychology). Fellows also identify a research interest at the beginning of the first year of the fellowship. Fellows typically spend around 45 hours per week in training activities during their fellowship.

Training Experiences

A Note About Telework

The Rehabilitation Psychology Postdoctoral Fellowship at the Central Virginia VA Health Care System is dedicated to providing fellows with outstanding clinical and research training while offering a rich array of educational activities. Should circumstances warrant fellows work from home, all clinical team meetings and didactics will be available via online options. The VA offers a secure telehealth option for patients, VA Video Connect, which can also be used by fellows working remotely. Inpatient rotations may need to be modified to maintain the safety of both patients and providers. If telework is necessary, Training Directors and rotation supervisors will work with fellows to modify their individual training plans to maintain continuity of care for patients as well as continuity of training for fellows.

Primary Rotations

TBI and Polytrauma (Required): The Central Virginia VAMC acts as a tertiary care referral center for TBI and Polytrauma, and has the following programs, which offer rich opportunities for rehabilitation psychology fellowship training:

1. *Polytrauma Rehabilitation Center (PRC):* Fellows provide neuropsychological and rehabilitation psychology services to inpatients on the 16-bed, CARF-accredited acute inpatient brain injury rehabilitation program. Richmond's PRC is one of only five in the country. This program admits Veterans and Active Duty Service Members with acute injuries including TBI, stroke, brain tumor resection, and amputation. The PRC also admits patients with general rehabilitation needs due to LVAD or organ transplants. These patients require a comprehensive, interdisciplinary rehabilitation program to optimally treat the complex medical, psychological, rehabilitation, and prosthetic needs of these individuals. Additionally, this unit houses an Epilepsy Monitoring Unit. Fellows will have the opportunity to work with patients with epileptic and non-epileptic seizures by providing neuropsychological assessment and brief, evidence-based intervention. Fellows participate in psychotherapeutic and behavioral interventions, neuropsychological evaluations, interdisciplinary rounds and meetings, and family conferences. Fellows participate in providing interventions to patients and family members, who often stay in a special residence on grounds for the duration of the inpatient rehabilitation stay.
2. *Polytrauma Transitional Rehabilitation Program (PTRP):* Fellows provide neuropsychological and rehabilitation psychology services to inpatients in this 8-bed, CARF-accredited community reintegration program. One of only five PTRPs in the country, this program provides rehabilitation services to Active Duty Service Members and Veterans recovering from traumatic and acquired brain injuries. Residents live and receive a variety of interdisciplinary therapies on-site and in the community with the goal of resuming independent living and participation in meaningful roles and life activities. Fellows function as a member of the interdisciplinary team, participating in psychotherapeutic and behavioral interventions, neuropsychological evaluations, interdisciplinary treatment team meetings, and family conferences. Fellows may also have the opportunity to work in the Servicemember Transitional Advanced Rehabilitation (STAR) program. STAR is a 10-bed inpatient program focused on vocational rehabilitation.

3. *Polytrauma Network Site (PNS)*: Fellows provide a variety of psychological and neuropsychological services to outpatients in the polytrauma outpatient program including comprehensive neuropsychological evaluations, treatment planning, psychotherapy, family counseling, suicide and violence risk assessment, and behavioral health and pain management interventions. PNS patients include a large percentage of OEF/OIF Veterans with complex needs involving post-concussion syndrome (PCS), PTSD, and chronic pain. Fellows participate as part of an interdisciplinary outpatient team involving medical, rehabilitation, and mental health providers assessing and treating PCS, PTSD, pain, and other comorbid problems.

Spinal Cord Injury & Disorders (Required): The Central Virginia VAMC is one of 24 VAMC specialty care centers for Spinal Cord Injury & Disorders. This 80-bed, CARF-accredited program provides fellows with knowledge, skills and abilities in the following areas: Understanding the basic physiologic changes which occur with various levels and degrees of spinal cord injury and the physical medicine, pharmacological and adaptive/assistive equipment available; participating on an interdisciplinary rehabilitation team; assessing personality, emotional, and cognitive functioning in relation to successful participation in rehabilitation and psychosocial functioning post-discharge; providing individual, family and group therapies to address psychosocial, sexual, vocational and pain problems arising from spinal cord injury; and understanding basic interventions to assist with adopting healthier lifestyles (e.g., smoking cessation, substance use, weight management, recreational activities) in inpatient and outpatient settings. Opportunities may also exist for fellows to gain experience working with individuals diagnosed with neurodegenerative diseases including multiple sclerosis and amyotrophic lateral sclerosis, utilize telehealth and/or biofeedback, and participate in program development.

Neuropsychology (Optional): Within the Outpatient Mental Health Clinic, fellows provide neuropsychological assessment services to a diverse range of patients who span the adult lifecycle. Fellows will enhance both brief and comprehensive neuropsychological evaluation and consultation skills while working with a wide variety of neurological and psychological disorders such as various dementias, Parkinson's disease, stroke, MS, seizure disorders, TBI, and other dual-diagnosis referral cases. Based on the fellow's career goals, and availability, there may be opportunities to focus on specific sub-specialties (e.g., geriatric neuropsychology) and/or provide supervision to internship-level trainees.

Health Psychology (Optional): The fellow will collaborate with the Training Director and the Health Psychology supervisors to select one to two rotations as described below. Rotation matriculation and timing will be based on trainee desire, as well as breadth and depth of training needs. Similarly, in the selection process, attention will be appropriately given to overarching program competencies and long-term fellow career goals.

1. **Weight Management**: This rotation focuses on the psychological, social, and behavioral aspects of weight management. It addresses many psychological dimensions related to weight including body image, health behaviors, eating disorders, substance use, co-morbid mental health conditions, non-adherence to medical regimens, illness adjustment issues and social context. The following experiences are available: serve as a member of multiple interdisciplinary teams related to weight management (MOVE! and Bariatric Surgery); assessment of patients being considered for bariatric surgery or medical procedures; assessment of personality, psychopathology, and cognitive processes in relation to health problems; short-term individual psychotherapy; and behavior management plans; co-lead MOVE! groups. Multiple treatment interventions are used including Motivational Interviewing, CBT, ACT, DBT, Solution Focused Therapy, and Problem Solving Therapy.

2. **Psycho-Oncology:** This rotation focuses on the psychological, social, behavioral, existential and ethical aspects of cancer care. It addresses two main psychological dimensions of cancer care. First, the psychological responses to cancer at all stages of the disease, including that of families and caretakers. Second, the psychological, behavioral and social factors that may affect the disease process. Oncology is staffed by collaborative interdisciplinary teams (Medical Oncology, Radiation Oncology and Surgical Oncology). As such, fellows may expect to work with a cadre of medical and psychosocial disciplines. There are multiple training opportunities in assessment and treatment, including co-occurring conditions. Treatments span an array of psychological difficulties, adjustment, adherence, affective disorders, psychoses, substance abuse, trauma and other stressor-related disorders, anxiety disorders, cognitive impairment, and personality disorders. The biopsychosocial treatment approach includes Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Third-Wave CBT techniques, Dignity Therapy, Existential, and Interpersonal interventions. Fellows may have the opportunity to co-facilitate a cancer support group. Fellows will maintain an individual case load, provide inpatient services, and attend IDTs and pre-conferences as an active member of the teams.
3. **Chronic Pain Integrative Health Clinic (VIP):** This rotation focuses on the psychological, social, and behavioral aspects of chronic pain and the various non-pharmacological integrative therapies used to treat it. Training opportunities in VIP broadly target the many psychological dimensions related to chronic pain, including: pain self-management; health behavior change (i.e., sleep, diet, exercise, etc.); adjusting pain cognitions; managing co-morbid mental health conditions; as well as illness adjustment issues and social context. The following experiences are available: serve as a member of the VIP interdisciplinary team; conduct functional intake assessments of patients with chronic pain; develop collaborative treatment plans; facilitate individual and group therapies (i.e., Mindfulness, Anti-Inflammatory Diet, CBT for Chronic Pain, CBT for Insomnia, biofeedback, etc.); and shadow integrative services conducted by members of the interdisciplinary team (i.e., acupuncture, Tai Chi, chiropractic care, etc.). Multiple treatment interventions are used, including CBT, ACT, mindfulness-based approaches, and motivational interviewing.
4. **Pre-Surgical Assessment/Consultation-Liaison/Behavioral Medicine:** The following experiences are available depending upon fellow interest and supervisor availability: Pre-surgical psychological assessment as a component of the medical evaluation process for solid organ transplant, ventricular assist device (VAD), surgical weight loss, amputation, etc. Empirically based assessments include clinical interviews, cognitive screening, psychometric testing, and chart review to examine psychosocial concerns central to surgical and clinical outcomes. Assessments may be conducted both within the medical center for hospitalized patients and on an outpatient basis. This rotation offers the opportunity to work with the Consultation-Liaison (C/L) mental health team within the medical center, serving patients hospitalized on surgical, cardiac, and general medical floors. The fellow will assess psychosocial domains and provide brief interventions for acute and chronic illness adjustment/coping, grief, pain management, procedural distress, traumatic stress, anxiety/depression, medical adherence, etc. May serve as liaisons between medical providers and patient/family to better enhance communication and facilitate understanding of illness and self-care. Fellows also maintain an outpatient caseload and employ evidenced based interventions (CBT, MI) for various behavioral medicine conditions to include insomnia, weight management, diabetes self-management, chronic pain, anxiety and depression related to chronic medical disorders (COPD, CHF, DM, amputation, etc.).

5. **Mental Health – Primary Care Integration (MH-PCI):** The following experiences are available depending upon fellow interest and supervisor availability: Conduct brief functional assessments and treatment plans according to the presenting problem; assess and triage unscheduled patients (“warm handoffs”) whose primary care provider (PCP) has requested they be seen the same-day by mental health; conduct brief individual therapy (3-6 sessions, 30 min appointments) for mental and behavioral health concerns (e.g., mild-moderate mental health conditions, chronic illness management, and health behavior change) with use of motivational interviewing, patient education, as well as CBT- and ACT-based therapies; conduct group workshops on behavioral health topics; consult and coordinate patient care with the interdisciplinary Patient Aligned Care Team (PACT); coordinate services with the Behavioral Health Lab (BHL), a phone-based team of providers that conducts brief assessment screening and follow-up on primary care patients.

6. **Headache Center of Excellence (HCoE)** In this rotation, fellows will provide assessment and treatment of Veterans with intractable and chronic headaches including migraines, tension-type headaches, and post-traumatic headaches. There is frequent comorbidity with PTSD, depression, history of TBI, other chronic pain, sleep apnea, and insomnia. As a result, Veterans are frequently engaged in other mental and behavioral health treatments or in need of referrals. Fellows will also develop or strengthen skills in Motivational Interviewing and care coordination. In addition to general behavioral pain and insomnia interventions, fellows will have the opportunity to provide a headache-specific CBT intervention (CBT-HA) with the goal of collaboratively developing a personalized headache self-management plan for each Veteran. Opportunities for individual and group CBT for insomnia (CBT-I) are also available. Services occur primarily via telehealth as many Veterans in this clinic are working full-time and/or live far from Richmond. Within the HCoE, Veterans may also receive auricular acupuncture, chiropractic care, Botox, neuromodulation devices, medications, ketamine infusions, and other procedures or interventions as indicated. Opportunities to collaborate on program evaluation and other research projects as available if trainees are interested.

Geropsychology (optional): Fellows on this particular Rotation attain knowledge and skills in intervention, assessment, and consultation across various settings within geropsychology. Training is tailored to the fellow’s developmental level and interests and is anchored in the Pikes Peak Model for Geropsychology Training.

In the inpatient Community Living Center (CLC), fellows gain experience as the consulting psychologist for interdisciplinary teams (primarily longer-term dementia and/or hospice teams), collaborating and advising on issues such as behavior management (often in conjunction with our Behavioral Recovery Outreach team), neurocognitive and mood disorders, discharge planning, end-of-life concerns, and family/caregiver intervention. On-unit individual and group psychotherapy are also conducted with CLC residents. Fellows may further wish to pursue clinical work via the inpatient Palliative Care Consult Team (PCCT) which is comprised of a geriatrician and social worker; this specialized team serves various units of the hospital, providing individual and team-based interventions at end-of-life (e.g., goals of care, family support, grief) as well as brief cognitive and mood screenings.

On an outpatient basis, fellows conduct brief cognitive screenings and assessments in the GEM program (Geriatric Evaluation and Management), advising the team on a patient’s cognitive and emotional status, as well as caregiver concerns. Brief individual and group psychotherapy is additionally offered, typically focused upon aging-specific issues and adapted interventions for those with cognitive impairment. If

interested, fellows may also see patients through Home Based Primary Care (HBPC), which includes brief psychological interventions and cognitive and capacity assessments in the Veterans' homes. Moreover, in the geriatric mental health clinic, fellows can carry a small caseload of longer-term therapy patients often presenting with complex pathologies and developmental/lifespan concerns. Fellows engaged in the Geropsychology rotation participate and present in weekly Geriatric Lunch and Learn sessions, and the weekly geropsychology reading and case conference team (with supervisors, interns, externs). There are ongoing opportunities for peer consultation and supervision, both formal and informal.

Throughout the fellowship, in addition to the rotation, fellows will complete two neuropsychological evaluations per month or follow outpatients for individual psychotherapy. Neuropsychological assessment referrals come from both Polytrauma clinics, which serve individuals with traumatic and acquired brain injury, and the Mental Health Clinic, which serves a diverse patient population. Common referral questions include cognitive evaluation following injury or illness, evaluation for neurodegenerative disorders, financial capacity evaluations, ADHD evaluations, and personality assessments and evaluations including both cognitive and psychiatric components. Outpatient cases offer fellows the opportunity to work with individuals with chronic conditions and/or injury adjustment concerns.

Below is a sample of how a fellow might choose to order his or her rotations:

Fellow 1:

Rotation 1 - Polytrauma (3 months PRC/3 months PTRP OR 6 months in one setting)

Rotation 2 – Geropsychology

Rotation 3 – SCI

Rotation 4 - Neuropsychology

Fellow 2:

Rotation 1 - SCI

Rotation 2 – Polytrauma

Rotation 3 – Neuropsychology

Rotation 4 – Health Psychology

Educational Activities

Ample opportunities exist for fellows to participate in structured educational activities, both as participants and as leaders. Educational opportunities are available both at the VAMC and through Virginia Commonwealth University (VCU). Current required educational activities include those below. Fellows also have the opportunity to participate in grand rounds, lunch & learns, and journal clubs throughout the hospital and specific to their current rotation.

- **Rehabilitation Psychology Didactic Series:** This one hour, monthly didactic is focused on the competencies of rehabilitation psychologists. Lectures are offered by experts in topics specifically related to the practice of rehabilitation psychology. Speakers include psychologists, physicians, and those on rehabilitation treatment teams such as occupational therapists and speech language pathologists. Recommended readings are provided in advance of each lecture. Third Monday of each month at noon.

- **Rehabilitation Psychology Professional Development Series:** This one hour series held quarterly during the second year is intended to provide fellows with information on professional opportunities and experiences as they begin considering next steps and career choices after fellowship. Topics range from the job application process, licensure, and aspects of working in a variety of clinical settings as a rehabilitation psychologist. The series features speakers with rehabilitation backgrounds from VA Medical Centers, academic medical centers, and private practice.
- **Rehabilitation Psychology Journal Club:** This one hour, biweekly didactic is focused on reviewing literature that pertains to the competencies and practice of rehabilitation psychology. Psychology staff and trainees facilitate discussions reviewing classic and new articles to provide a holistic view of where the field has been and where it is headed. Second and fourth Tuesdays at noon.
- **Neuropsychology Didactic Series:** A one hour weekly meeting focused on important issues central to the work and identity of clinical neuropsychologists. Each month, three of the meetings are devoted to didactic presentations on topics including: functional neuroanatomy, neuropsychological outcomes associated with various medical/neurological disorders, ethics and standards of practice, diversity issues, and career development. One meeting each month is devoted to a case conference focused on developing collaborative consultative skills and exposure to complex clinical cases presented by faculty and peers. Opportunities are available for trainees to present topics of personal/professional interest. Summer schedule: monthly on the first Thursday of the month at noon.
- **Diversity Seminar Series:** A one hour monthly meeting of staff psychologists, invited guest speakers, and psychology interns and fellows on various topics of diversity. In a safe and respectful learning environment, didactics on various topics and case presentations focused on multicultural issues are discussed and reflected upon to foster personal awareness and multicultural sensitivity/humility to improve professional practice and research. Diversity seminar also provides an opportunity to review current APA guidelines on multiculturalism and clinical decision making with diverse populations using relevant peer-reviewed literature.
- **Polytrauma System of Care Training Series:** This weekly, one hour training combines didactics with group supervision with trainees at all levels (extern, intern, fellow) on polytrauma rotations. This 12-week series serves as an introduction to seminal articles related to brain injury and injury adjustment. During the second year of fellowship, fellows take a leadership role in providing this series to externs and interns. Scheduling based on trainee availability and varies year to year.

Individual supervision

Fellows receive a minimum of two hours of individual supervision per week by their rotation supervisor and Fellowship Director (one hour each). When on a rotation with externs and/or interns, an additional group supervision is often added to augment individual supervision. This supervision can be used to fulfill licensure requirements in the Commonwealth of Virginia.

Requirements for Completion

To successfully complete the program, fellows must:

1. Successfully meet or exceed expectations in competencies set based on the goals of the fellowship.
2. Not be found to have engaged in any significant ethical transgressions.

Training Program Evaluation: The Fellows will complete formal rating scales after each six-month rotation to indicate their satisfaction with the training experiences and outcomes, quality of supervision provided, didactic experiences, research involvement, and facilities and resources available. The Fellowship Training Director will review the Fellows' satisfaction ratings and take reasonable steps to address any areas of concern.

Stipend and Benefits

For academic year 2022-2023, the fellowship program offers a full-time stipend of \$47,932 for fellowship year-one, and \$50,523 for year-two. Stipend amount for academic year 2023-2024 have not been published as of the writing of this brochure. Benefits include: 13 days of vacation, up to 13 days of sick leave, authorized, paid leave for conferences and to take the EPPP, and health insurance. The Federal Tort Claims Act covers professional liability for services provided as a DVA employee for those trainees acting within their scope of practice.

Administrative Policies and Procedures

This program supports and adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act. Applications from racial, ethnic, and sexual minorities and women are strongly encouraged. No applicant will be discriminated against on the basis of race, color, creed, religion, sex, sexual orientation, place of national origin, or age. We do not require self-disclosure. We actively recruit potential fellows from diverse backgrounds. Our full diversity recruitment and retention plan is available upon request.

Fellow's Evaluation of Program

We will review and revise our training goals and objectives, as well as review fellows' views of our program, through the following mechanisms:

1. Monthly training meetings, in which results of evaluations and exit interviews are discussed.
2. Private, scheduled meetings with the Training Director and staff involved in training.
3. Fellows' evaluation of supervisors, completed at the end of each training experience. Fellows complete evaluations of supervisors, rating them in key areas of supervision. They discuss and, if comfortable, show supervisors these forms at the completion of their rotation. Both fellows and supervisors sign off on these forms.
5. Fellow meetings with the Training Director to discuss these evaluations and follow-up on issues of concern.
6. Separate exit-interviews with the Fellowship Director and, if requested, the Training Director and Lead Psychologist at completion of fellowship. Exit-interviews are non-evaluative and the information and impressions shared will be presented anonymously to the Executive Training Committee to promote improvements in our program.

Program's Evaluation of Fellow

The performance and progress of fellows and the effectiveness of the postdoctoral training program will be evaluated with multiple measures throughout the training year and upon completion of the training program. Methods of evaluation include the use of rating scales and interviews with the fellows, their supervisors, and affiliated staff members.

Fellow Evaluation - Supervisors complete rating scales with regard to each fellow's performance at the end of months 3, 6, 9, and 12 of each training year. Fellows will be rated on their level of competence in the core areas of the goals described above. The fellow will meet with the supervisors to review the ratings and discuss goals for further development. The Fellowship Director receives copies of the evaluations and meets with each Fellow to review the performance ratings and provide any additional guidance or recommendations.

Application & Selection Procedures

This fellowship uses the APPA CAS (APPIC Psychology Postdoctoral Application) for all applications, consistent with VA Policy. This program adheres to the APPIC Selection Process Guidelines, including the Common Hold Date. You can find more information at the [APPIC website](#).

Eligibility

Please see all eligibility requirements at the VA's psychology training website eligibility page: <http://www.psychologytraining.va.gov/eligibility.asp>

Application Procedures:

Click on the following link to access the [APPA CAS \(APPIC Psychology Postdoctoral Application\)](#). Complete the basic demographic, education, clinical training information and transcripts required of all applicants for all APPA CAS programs. Select the appropriate program. The specific requirements for the Central Virginia VAMC Rehabilitation Psychology Postdoctoral Fellowship Program are stated below as well as within the APPA CAS system. More specific instructions can be found within APPA CAS.

ONCE YOU HAVE SUBMITTED ALL DOCUMENTS, PLEASE EMAIL Suzzette.chopin@va.gov SO WE CAN CONFIRM THEY HAVE BEEN RECEIVED AND THE APPLICATION IS COMPLETE.

Please submit the following application materials:

1. A cover letter that includes in detail the following elements:
 - a. Previous clinical, educational, and research experience in generalist core competencies.
 - b. Any previous clinical, educational and research experience in rehabilitation psychology.
 - c. A description of your career goals and the way in which the Fellowship will advance them.
2. Curriculum Vitae

3. Official transcripts from graduate school (including date of doctoral degree if awarded). If the doctoral degree has not yet been awarded, we will require an official transcript with awarding date before admission to the Program.
4. Three letters of recommendation, including:
 - a. One from your Dissertation Chair noting the status of your dissertation and anticipated completion date;
 - b. One from an internship supervisor; and
 - c. One from a clinical or research supervisor who is especially familiar with your clinical or research work.
5. A rehabilitation psychology-related work sample that has been de-identified according to HIPAA Standards.

Please note that after a selection has been made, the selected candidate will still be required to pass the regular VA employment screening process which may include a criminal background check and a urine drug screen. Selected candidates who do not complete or successfully pass this process, or who do not complete program requirements for graduation with a Ph.D. or Psy.D. will not be able to begin the fellowship.

Questions regarding the program may be directed to Dr. Suzzette Chopin, PhD, ABPP, at suzzette.chopin@va.gov or at 804-675-5000 x7268.

Psychology Training Staff

Lead Psychologist

Mary Bradshaw, Psy.D, Acting Chief and Associate Chief, MHSL & Supervisory Clinical Psychologist

Director of Psychology Training

Thomas Campbell, Ph.D., ABPP-RP

Assistant Internship Director

Christopher Murphy, Psy.D.

Director of Rehabilitation Psychology Post-Doctoral Fellowship

Suzzette Chopin, Ph.D., ABPP-RP

Director of MIRECC Post-Doctoral Fellowship

Scott McDonald, Ph.D.

Caitlin P. Campbell, Psy.D., 2016, Pacific University, Hillsboro, OR

Internship: Louis Stokes Cleveland VA Medical Center – Rehabilitation Psychology

Postdoctoral Fellowship: Louis Stokes Cleveland VA Medical Center – Rehabilitation Psychology

Licensed Clinical Psychologist, State of Oregon

Clinical Duties: Rehabilitation Psychologist on the Spinal Cord Injuries/Disorders (SCI/D) Unit utilizing an existential/humanistic approach infused with cognitive and behavioral modalities; STAR Program biofeedback provider

Research/Clinical Interests: Biofeedback, disability identity, women and disability, role of life purpose/meaning in adjustment to disability, telehealth, program evaluation, NICU/prematurity

Training/Didactics: Co-facilitate Diversity Seminar and Rehabilitation Psychology Journal Club; SCI/D rotation supervisor

Academic Appointment: Affiliate Professor, Department of Psychology, VCU

Thomas Campbell, Ph.D., ABPP 2008, Virginia Commonwealth University, Richmond, VA
Board Certified in Rehabilitation Psychology

Internship: Minneapolis VA Health Care System

Postdoctoral Fellowship: McGuire VA Medical Center Rehabilitation Psychology Fellowship

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Polytrauma Rehabilitation Center, Neuropsychologist

Research Interests/activities: TBI and PTSD, Response Validity, Self-Report Styles

Academic Appointments: Clinical Assistant Professor, VCU Department of PM&R; Affiliate and Adjunct Professor, VCU Department of Psychology

Suzzette Chopin, Ph.D., MBA, ABPP, 2013, Virginia Commonwealth University, Richmond, VA
Board Certified in Rehabilitation Psychology

Internship: McGuire VAMC, Richmond, Virginia

Postdoctoral Fellowship: McGuire VAMC Rehabilitation Psychology Fellowship

Licensed Clinical Psychologist, Commonwealth of Virginia

Staff Psychologist: Rehabilitation Neuropsychologist, Polytrauma Residential Program (PTRP).

Research Interests: yoga, Complementary and Integrative Medicine

Faculty appointments: Affiliate Professor in Psychology, Virginia Commonwealth University.

Sarah W. Clark, Ph.D., 2019, Virginia Commonwealth University, Richmond, VA

Internship: VA Maryland HCS/University of Maryland SOM Psychology Internship Consortium, Baltimore, MD

Postdoctoral Fellowship: CVHCS Rehabilitation Psychology Fellowship

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Clinical Psychologist, Department of Neurology, Headache Center of Excellence & Epilepsy Center of Excellence

Research Interests/activities: post-traumatic headache, TBI, behavioral health interventions, program evaluation

Academic Appointments: Affiliate, VCU Department of Psychology

Michelle Emrich, Psy.D., 2008, Spalding University, Louisville, KY

Internship: Salem VAMC, Salem, Virginia

Postdoctoral Fellowship: Virginia Commonwealth University Health Systems-Clinical Health Psychology Fellowship

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Clinical Health Psychologist in the Spinal Cord Injuries/Disorders (SCI/D) outpatient clinic; provide evidenced based interventions to facilitate acute and chronic illness adjustment and health behavior changes. Function as Clinical Psychologist for SCI/D Home Care team, providing team consultation, individual, and family/caregiver support and interventions.

Training and Didactics: Supervise outpatient SCI/D rotation; provide Motivational Interviewing training; Psychosocial Issues in Diabetes Management.

Rebecca Fromme, Ph. D. 2000, State University of New York at Buffalo, Buffalo, NY

Internship: VA Pittsburgh Healthcare System

Post-Doctoral Fellowship: VA Pittsburgh Healthcare System, Geropsychology and Geriatric Neuropsychology

Licensed Clinical Psychologist, Commonwealth of Virginia and New York Licensed Counseling Psychologist

Clinical Duties: Provide Neuropsychological assessment to inpatient and outpatient older adults, including screenings, capacity evaluations, and post-stroke. Serve as consultant for staff and families on issues related to dementia, behavior management, caregiver concerns.

Research Interests: Geropsychology and Caregiver Concerns

Sharon Funari, Ph.D. Clinical Psych, 2008, VCU, Richmond, VA

Internship: James Quillen VAMC

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Primarily responsible for individual/group treatment of patients within the outpatient Polytrauma Network Site. Serve as team member to full complement of rehab team. EBPs include: IPT-D, ACT, PE, CPT

Training and Didactics: Supervise PNS rotation and provide Ethics seminars.

Research Interests/activities: attachment; resilience

Academic Appointments: Affiliate Assistant Professor, Department of Psychology, VCU

Meghan Geiss Ph.D., 2013, University of Memphis, Memphis, TN

Internship Site: North Florida/South Georgia VHA

Postdoctoral Fellowship: McGuire VAMC- Rehabilitation Psychology (2-year Fellowship)

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Neuropsychologist, Polytrauma Rehabilitation Center (PRC)

Research Interests: Sleep and brain injury

Academic Appointments: Affiliate Assistant Professor in Psychology, Virginia Commonwealth University.

Eugene Gourley, Ph.D., 1998, Virginia Commonwealth University, Richmond, VA

Internship: Washington, D.C., Commission on Mental Health

Postdoctoral Fellowship: Neuropsychology and Rehabilitation Psychology at Virginia Commonwealth University (VCU) Medical Center

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Neuropsychologist, Polytrauma Network Site (PNS)

Kyle Haggerty, Ph.D., Drexel University, Philadelphia, PA

Internship: Syracuse VAMC

Postdoctoral Fellowship: Bancroft NeuroRehab

Licensed Clinical Psychologist: State New Jersey and Commonwealth of Pennsylvania

Clinical Duties: Outpatient Neuropsychologist

Research Interests: TBI, Social Comparison, and Effort Testing

Academic Appointments: Adjunct Professor, Ryder University

Nikki Hegberg, Ph.D., 2017, Georgia State University, Atlanta, GA

Internship Site: VA Boston Healthcare System, Clinical Neuropsychology & Behavioral Medicine

Postdoctoral Fellowship: VA Boston Healthcare System, Clinical Neuropsychology

Licensed Clinical Psychologist, State of Rhode Island

Clinical Duties: Pre-surgical/procedural mental health assessments in bariatric clinic; health-behavior interventions with bariatric clinic patients; neuropsychological evaluations for health psychology patients; evidence-based interventions (ACT, CBT, MI) for range of behavioral medicine conditions
Research Interests: Physical activity and emotional and cognitive health; Complementary and integrative medicine

Bryan Jensen, Ph.D., 2016, Virginia Commonwealth University, Richmond, VA

Internship: Salt Lake City VAMC

Postdoctoral Fellowship: Salt Lake City VAMC

Licensed Clinical Psychology, Commonwealth of Virginia, State of Iowa

Clinical Duties: Clinical Health Psychologist in the Spinal Cord Injuries/Disorders (SCI/D) outpatient clinic; provide evidenced based interventions to facilitate acute and chronic illness adjustment and health behavior changes. Also work on the ALS/MS interdisciplinary team offering assessment, therapy, team consultation, and family/caregiver support.

Patricia Jones, Ph.D., 1995, Georgia State University, Atlanta, GA

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Psychologist on Polytrauma Transitional Rehabilitation Program. Duties include providing diagnostic evaluations to all patients admitted to program, providing individual, family, and marital therapy, provide group psychotherapy, attend IDT meetings and other patient care related meetings (behavioral rounds, family conferences, etc.), participate on steering committee, participate on national conference meetings regarding PTRP, program development, etc.

Research interests: Outcome studies regarding role of family in the recovery process from TBI.

Faculty appointments: Previous adjunct role at VCU as supervisor affiliated with VCU's Counseling and Psychological Services & Development (CPSD).

Daniel W. Klyce, Ph.D, ABPP, 2012, Purdue University, West Lafayette, IN

Board Certified in Rehabilitation Psychology

Internship: Vanderbilt University – Tennessee Valley VA Health Care System Consortium

Postdoctoral Fellowship: University of Washington / Harborview Medical Center – Rehabilitation Psychology Fellowship

Licensed Clinical Psychologist, Commonwealth of Virginia

Research Interests/Activities: TBI outcomes; caregiver interventions; clinical measurement; Polytrauma TBI Model Systems

Academic Appointments: Assistant Professor, VCU Department of PM&R; Sheltering Arms Institute; VCU Center for Rehabilitation Sciences and Engineering

Scott D. McDonald, Ph.D., 2006, Clinical Psychology, Virginia Commonwealth University, Richmond, VA

Licensed Clinical Psychologist, Commonwealth of Virginia

Internship: University of Alabama at Birmingham/Birmingham VA Consortium

Postdoctoral Fellowship: MIRECC Durham VA Medical Center

Clinical Duties: SCI Neuropsychologist. Neuropsychology consultation for the SCI inpatient and outpatient clinics. Perform outpatient mental health annual evaluations for the SCI clinic.

Training and Didactics: Director of VA MIRECC Advanced Fellowship Program. Provide research supervision across training programs.

Research Interests/Activities: Dr. McDonald's research program focuses on characterizing and assessing the sequelae of trauma and injuries leading to disability. His current research aims to better understand

resilience and adjustment among military Veterans receiving rehabilitation for TBI/polytrauma, spinal cord injury (SCI), and other medical conditions, and how best to support caregivers.

Academic Appointments: Affiliate Assistant Professor, VCU Departments of Psychology and Physical Medicine and Rehabilitation.

Brian L. Meyer, Ph.D., 1990, Duke University, Durham, NC

Internship: Cambridge Hospital and Cambridge Child Guidance Center, 1988-89

Postdoctoral Fellowship: Harvard Community Health Plan, 1989-90

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical duties: PTSD-SUD Specialist. Provide evidence-based and evidence-informed individual, family, couples, and group psychotherapies for Veterans with substance abuse problems and Posttraumatic Stress Disorder. Treatments include Seeking Safety, Dialectical Behavior Therapy Skills Training, Eye Movement Desensitization and Reprocessing; Cognitive Processing Therapy; Motivational Interviewing, Mindfulness Meditation, Trauma-Focused Cognitive Behavioral Therapy, Imagery Rehearsal Therapy, and Adaptive Disclosure for moral injury. Research interests: trauma, substance abuse, child abuse, co-occurring disorders, mindfulness meditation, Veterans Treatment Courts.

Academic/Faculty Affiliations: Assistant Professor, Department of Psychiatry, and Affiliate Assistant Professor, Department of Psychology, Virginia Commonwealth University.

Brian Mutchler, Psy.D. 1999, Indiana University of Pennsylvania, Indiana, PA

Internship: HH McGuire VAMC; Richmond, VA

Postdoctoral Fellowship: Gulf War Illness Research

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Provide assessment, psychological testing, psychotherapy, behavioral therapy, and family therapy for newly injured and long-term Spinal Cord Injury patients as part of an interdisciplinary treatment team. Also provide patient and staff education. Additional clinical interests are PTSD treatment and ACT. Member of the IRB and appointed to the VAMC R&D Committee.

Research Interests: Health Psychology in relation to SCI.

Academic/Faculty Affiliations: Affiliate Assistant Professor in Psychology, Virginia Commonwealth University.

Samuel E. Park, PhD, Biola University, Rosemead School of Psychology, La Mirada, CA

Internship: University of Rochester, Rochester, NY

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical duties: Outpatient Mental Health Clinic Psychologist. Provide evidence-based and -supported individual, conjoint, and group psychotherapy, as well as trauma-informed treatments for military sexual trauma for male and female veterans.

Research interests: Military sexual trauma; interpersonal neurobiology; and complex trauma.

Training/Didactics: Co-facilitate Diversity Training Seminar

Academic Affiliations: Affiliate Assistant Professor, VCU Department of Psychology.

Paul B. Perrin, Ph.D., 2011, University of Florida, Gainesville, FL

Internship: Veterans Affairs Maryland Health Care System and University of Maryland School of Medicine

Postdoctoral Fellowship: Virginia Commonwealth University Behavioral Medicine Fellowship

Licensed Clinical Psychologist, Commonwealth of Virginia

Research Interests/activities: Psychological adjustment TBI and SCI, Caregiving, Health Disparities,

Social Determinants of Health

Academic Appointments: Associate Professor, VCU Departments of Psychology and PM&R; Training Director, VCU Health Psychology Doctoral Program

David Pomm, Ph.D., 2020, Virginia Commonwealth University, Richmond, VA

Internship: Central Virginia VA HealthCare System, Richmond, VA

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Interests/Activities: Pre-surgical/procedural mental health assessments; health-behavior interventions for health psychology patients; evidence-based, behavioral medicine interventions

Research Interests/Activities: Brief substance use assessment and intervention; Biofeedback; integrative medicine.

Michael Shapiro, Ph.D., ABPP-CN, 2010 - Pennsylvania State University, University Park, PA

Internship: University of Illinois – Chicago (Counseling Center & Neuropsychiatric Institute)

Postdoctoral Fellowship: Barrow Neurological Institute – APPCN Neuropsychology Fellowship

Licensed Psychologist, Commonwealth of Virginia, State of Maryland, and Washington D.C.

Clinical Duties: Neuropsychologist

Research Interests: Performance/Symptom Validity Testing, mTBI outcome, Impact of psychological factors on cognitive functioning.

Lindsey K. Slaughter, Psy.D., ABPP, 2006, Wright State University School of Professional Psychology, Dayton, OH

Board Certified in Geropsychology

Internship: Howard University Counseling Service

Postdoctoral Fellowship: Piedmont Geriatric Hospital

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Geropsychologist in various GEC programs

Clinical and research interests/activities: Decision-making capacity, personality disorders in older adults, behavioral planning and implementation, IDT processes/dynamics, high performance organizations/systems, healthy and successful aging, clinical supervision

Academic Appointments: Affiliate Professor in Psychology, Virginia Commonwealth University

Jennifer E. Wartella, PhD, Virginia Commonwealth University, Richmond, VA

Internship: University of Arizona Medical Center

Postdoctoral Fellowship: University of Virginia Center for Addiction Research

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Staff psychologist with the Home Based Primary Care team.

Research interests; geriatrics, neuropsychology, brain injury, chronic illness/pain, mood disorders, motivational interviewing strategies and working with underserved populations.

Faculty Appointment: Adjunct professor for the psychology department at Virginia Commonwealth University.

Laura E. Wagner, Ph.D., The University of Massachusetts, Boston.

Internship: Duke University Counseling and Psychological Services Center, Durham, NC. Postdoctoral Fellowship: Duke University, The Center for Child and Family Health, Durham, NC.

Licensed Clinical Psychologist, Commonwealth of Virginia.

Clinical Duties: Staff Psychologist for the Polytrauma Network Site and the Servicemember Transitional Advanced Rehabilitation (STAR) Program. Responsible for participation in interdisciplinary treatment teams; responsible for initial intake assessments, consultation and individual therapy.

Clinical Interests: Psychodynamic and Interpersonal approaches to therapy; Integration of psychodynamic approaches and evidence-based treatments for PTSD.

EBP's include: PE, CPT, Accelerated Experiential Psychodynamic Psychotherapy (AEDP), Prior National Trainer for Interpersonal Psychotherapy for Depression, CBT-Depression, EMDR, Level 1.

Research Interests: Countertransference in the treatment of trauma, ethics in psychotherapy, vicarious traumatization of trauma therapists, resiliency, attachment and posttraumatic growth.

Carl Williams, Ph.D., 2003, Virginia Polytechnical Institute and State University, Blacksburg, VA
Licensed Psychologist, State of Nevada

Internship: University of California, San Diego School of Medicine

Clinical Duties: Staff Psychologist within Oncology Services. With existential and interpersonal appreciation, he employs a broad range of behavioral, cognitive and third wave treatment methodologies to mental health recovery and coping with serious illness.

Research Interests: Health Behavior Change, Health Promotion, Dissemination Science, Clinical Trials

Faculty Appointments: Adjunct Faculty, VCU Department of Psychology

Cathy Williams-Sledge, Psy.D. 1997, Virginia Consortium Program in Clinical Psychology, Norfolk, VA

Internship: HH McGuire VAMC; Richmond, VA

Postdoctoral Fellowship: Central State Hospital and Liberty Forensic Unit; Petersburg, VA

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical duties: Provide assessment, psychological testing, psychotherapy, behavioral therapy, and family therapy for newly injured and long-term Spinal Cord Injury patients as part of an interdisciplinary treatment team. Also provide patient and staff education, and assessment and treatment for patients in the SCI outpatient clinic. Provide assistance and support for the SCI Peer mentoring program and oversee the SCI Smoking Cessation Program.

Research Interests: Smoking Cessation in SCI; Depression and Pain in SCI.

Academic/Faculty Affiliations: Assistant professor, Department of Psychology, Virginia Commonwealth University.

Richmond, Virginia

An historic city and Virginia's capital, Richmond offers an attractive array of leisure, cultural, and social opportunities not usually found in mid-sized cities. Beautiful neighborhoods juxtaposed to modern high rises with striking architecture set the stage for the numerous cultural, educational and recreational events befitting its nearly 200,000 citizens (approximately 1,000,000 in the metro area).

Nationally recognized for its vitality and new economy, Richmond's diversified employment base extends from chemical, food and tobacco manufacturing to cutting edge biotechnology, semiconductors and high-tech fiber production. The city consistently ranks among "Best Places to Live and Work in America" in several national publications.



Bisected by the James River, its numerous parks and woodlands offer the chance for solitude in nature as well as outdoor sports such as mountain biking and kayaking even when close to the city center. Richmond annually hosts the XTERRA off road triathlon's East Coast Championship, hosted the 2012 Veteran's Wheelchair Games, and will host the UCI Road World Championship of cycling in 2015.

Richmond is proud to support several first-class museums, three prominent universities, a symphony, the American Youth Harp Ensemble, professional ballet and opera companies, and numerous theater groups and art galleries. Richmond also hosts the annual Richmond Folk Festival, a free festival featuring live performances by some of the world's greatest folk musicians. <http://www.richmondfolkfestival.org/>

While offering easy access to the Atlantic Ocean and the Chesapeake Bay, Appalachian Mountains as well as being only 90 minutes south of Washington, D.C., Richmond also features countless pastimes right at home. Trendy boutiques, varied bistros and restaurants, numerous sports and entertainment attractions, outdoor pursuits among one of the nation's largest river park systems, and a treasure trove of historic landmarks provide opportunities for nearly endless learning and relaxation.

Learn more about the city of Richmond, Virginia at: <http://www.vcu.edu/richmond/> and <http://www2.richmond.com/>

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 7/27/2022

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	
https://www.opm.gov/forms/pdf_fill/sf61.pdf	

Postdoctoral Program Admissions

Date Program Tables are updated: July 28, 2022
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements:
<p>We seek applicants who have a sound clinical and scientific knowledge base from their academic program and internship; strong entry-level professional skills in standard assessment, intervention, and research techniques; and the personal characteristics necessary to function well as a doctoral-level professional in a medical center environment. Our selection criteria focus on all aspects of the application materials, with particular emphases placed upon background training and experience and an applicant's articulation of training goals and professional aspirations. We seek the best fit between applicants and our training program. The Central Virginia VA Health Care System in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we actively recruit and select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences.</p>
Describe any other required minimum criteria used to screen applicants:

Eligibility for All VA Training Programs:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

*** Failure to meet these qualifications could nullify an offer to an applicant.

Postdoctoral fellowship applicants also must meet the following criteria to be considered for any VA Psychology Postdoctoral Program:

1. Have received a doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. Have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$47,932 *
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours earned every pay period

	4 hours earned every pay period
Hours of Annual Paid Sick Leave	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
<p>Other Benefits (please describe):</p> <p>Holidays: Residents are entitled to the 11 federal holidays and earn sick leave and vacation days at a rate of four hours of each per two-week pay period. Residents are encouraged to use all of their annual leave before completion of the training year. Unused sick leave may be applied to future federal employment.</p> <p>Authorized Absence: According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. Application of this policy may vary from year to year, so questions must be directed to the Training Director.</p> <p>Liability Protection for Trainees: When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).</p> <p>Postdoctoral residents are not covered by Federal Employee retirement and are not eligible for federal life insurance, vision, or dental benefits but are eligible for health insurance benefits</p>	

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

*Note. Salary increases to \$50,523 for Fellows in their second year

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of residents who were in the 3 cohorts	4	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	0
Veterans Affairs Health Care System	0	4
Psychiatric facility	0	0
Correctional facility	0	0

Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	0
Other	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

*As a two-year residency program, based on guidance from the Office of Program Consultation and Accreditation, information is provided on the prior 1.5 cohorts